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PATENT

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By:

Debbie Rice

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

TECH CENTER 1000/200

In re application of Robert O. Messing, et al.

Serial No.: 09/340,283

Examiner: R. Shukla

Filed: June 25, 1999

Art Unit: 1632

For: PROTEIN KINASE C EPSILON AS MODULATOR OF ANXIETY,
ALCOHOL CONSUMPTION AND SELF ADMINISTRATION OF DRUGS OF
ABUSE

Assistant Commissioner for Patents
Washington, D.C. 20231
Attn: Application Processing Division
Customer Correction Branch

REQUEST FOR CORRECTED FILING RECEIPT

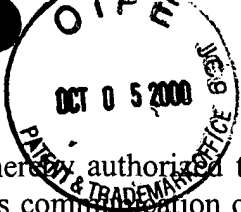
Attached is a copy of the Official Filing Receipt received from the Patent and Trademark Office in the above-identified application for which issuance of a corrected filing receipt is respectfully requested.

The error to be corrected is as follows:

Change "DRUGS AND ABUSE" to "DRUGS OF ABUSE"...

☐ The correction is required due to Applicant's error and a check including the amount of \$25.00 is enclosed to cover the fee under 37 CFR 1.19(h).

☒ The correction is required due to Patent Office error, and no fee is believed to be required.


The Commissioner is hereby authorized to charge any underpayment of the following fees associated with this communication or credit any overpayment to Deposit Account 03-3117:

- [X] Any national application filing fees under 37 CFR 1.16.
[X] Any patent application processing fees under 37 CFR 1.17.

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Cooley Godward LLP
Attn: Patent Group
Five Palo Alto Square
3000 El Camino Real
Palo Alto, CA 94306-2155
Tel: (650) 843-5000
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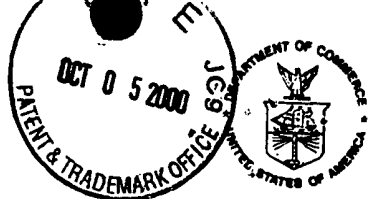
Respectfully submitted,
COOLEY GODWARD LLP

TECH CENTER 1600/2900

By:

Marya A. Postner 9/29/00
Marya A. Postner, Ph.D.
Reg. No. 42,085

FILING RECEIPT
CORRECTED



UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark Office
ASSISTANT SECRETARY AND COMMISSIONER
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MAP

APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTORNEY DOCKET NO.	DRWGS	TOT CL	IND CL
09/340,283	06/25/99	1643	\$1,346.00	GALO-007/01U	21	28	7

PATENT GROUP
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Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts of Application" ("Missing Parts Notice") in this application, please submit any corrections to this Filing Receipt with your reply to the "Missing Parts Notice." When the PTO processes the reply to the "Missing Parts Notice," the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s) ROBERT O. MESSING, FOSTER CITY, CA; CLYDE W. HODGE, TIBURON, CA.

CONTINUING DATA AS CLAIMED BY APPLICANT-
PROVISIONAL APPLICATION NO. 60/091,755 07/06/98
PROVISIONAL APPLICATION NO. 60/125,995 03/24/99

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 07/22/99

TITLE

PROTEIN KINASE C EPSILON AS MODULATOR OF ANXIETY, ALCOHOL CONSUMPTION
AND SELF-ADMINISTRATION OF DRUGS AND ABUSE

PRELIMINARY CLASS: 435

DATA ENTRY BY: BLACK, NICOLE

TEAM: 03 DATE: 08/31/99

(See reverse for new important information)

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Title 37, Code of Federal Regulations, 5.11 & 5.15

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PLEASE NOTE ---- The Following Information about the Filing Receipt:

The articles such as "a," "an" and "the" are not included as the first words in the title of an application. They are considered to be unnecessary to the understanding of the title.

The words "new," "improved," "improvement," "improvements in or relating to" are not included as the first words in the title of an application because a patent application is, by nature, a new idea or improvement.

The title may be truncated if it consists of more than 4 lines of 70 characters each (letters and spaces combined).

The inventor information may be truncated if the family name consists of more than 25 characters (letters and spaces combined) and if the given name consists of more than 25 characters (letters and spaces combined). The inventor's residence allows for up to 40 characters (letters and spaces combined).

The docket number allows a maximum of 12 characters.

If your application was submitted under 37 CFR 1.10, your filing date should be the "date in" found on the Express Mail label. If there is a discrepancy, you should submit a request for a corrected Filing Receipt along with a copy of the Express Mail label showing the "date in."

Customer Address may have been modified to conform to U.S. Postal rules.

Please direct correction, including a copy of your Filing Receipt, to:

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Office of Initial Patent Examination
Customer Service Center
Washington, DC 20231

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UNITED STATES PATENT AND TRADEMARK OFFICE

TECH CENTER 1800/2900

 COMMISSIONER FOR PATENTS
 UNITED STATES PATENT AND TRADEMARK OFFICE
 WASHINGTON, D. C. 20231
 www.uspto.gov


Bib Data Sheet

SERIAL NUMBER 09/340,283	FILING DATE 06/25/1999 RULE -	CLASS 800	GROUP ART UNIT 1632	ATTORNEY DOCKET NO. GALO-007/01U
APPLICANTS ROBERT O. MESSING, FOSTER CITY, CA ; CLYDE W. HODGE, TIBURON, CA ;				
** CONTINUING DATA ***** THIS APPLN CLAIMS BENEFIT OF 60/091,755 07/06/1998 AND CLAIMS BENEFIT OF 60/125,995 03/24/1999				
** FOREIGN APPLICATIONS ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 07/22/1999				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		STATE OR COUNTRY CA	SHEETS DRAWING 21	TOTAL CLAIMS 28 INDEPENDENT CLAIMS 7
ADDRESS PATENT GROUP COOLEY GODWARD LLP FIVE PALO ALTO SQUARE 3000 EL CAMINO REAL PALO ALTO ,CA 943062155				
TITLE PROTEIN KINASE C EPSILON AS MODULATOR OF ANXIETY, ALCOHOL CONSUMPTION AND SELF-ADMINISTRATION OF DRUGS OF ABUSE				
FILING FEE RECEIVED 2396	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	